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PES

** CONTINUING DATA *****

N/A-PES

** FOREIGN APPLICATIONS *****

N/A-PES

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 5	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance					
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials PES			

ADDRESS

41155

TITLE

Medical infusion pump with closed loop stroke feedback system and method

FILING FEE RECEIVED 1252	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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